

SCHOOL AGE SERVICES CAMP REQUEST

Please circle the weeks of Summer Camp that you are interested in:

Jun 7-11	Jun 28-30, Jul 1, 2	Jul 19-23	Aug 9-13
*Jun 14-17	*Jul 6-9	Jul 26-30	
Jun 21-25	Jul 12-16	Aug 2-6	

*indicates a 4 day camp week

1. DATE OF REQUEST (YYMMDD)

2. FAMILY INFORMATION

a. SPONSOR'S NAME (<i>Last, First, Middle Initial</i>)	b. SPOUSE'S NAME (<i>Last, First, Middle Initial</i>)	
c. CHILD'S NAME (<i>Last, First, Middle Initial</i>)	d. CHILD'S DOB (YYMMDD)	e. GRADE COMPLETED
f. HOME ADDRESS (<i>Street, City, State, Zip Code</i>)	g. SPONSOR'S BRANCH OF SERVICE	
	h. DUTY ORGANIZATION	
i. HOME TELEPHONE NUMBER (<i>Include Area Code</i>)	j. DUTY TELEPHONE NUMBER (<i>Include Area Code</i>)	

3. SPECIAL NEEDS Has your child been documented with any of the following medical or developmental concerns?
circle one

Allergies: Medicine Allergies: Food/Environmental Asthma Attention Deficit Disorder Behavioral Difficulties Cerebral Palsy Diabetes Hearing Impairment Daily Medication Taken _____	Heart Murmur/Disease Learning Disabilities Mentally Handicapped Physical Impairment Seizures Speech/Language Delay Visual Impairment Other
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4. SPONSOR'S STATUS (*X one*)

a. SINGLE MILITARY	e. SINGLE DOD CIVILIANS	h. MILITARY/FULL-TIME STUDENT SPOUSE
b. DUAL MILITARY	f. DOD CIVILIAN/FULL-TIME WORKING SPOUSE	i. MILITARY/FULL-TIME NON-DOD SPOUSE
c. MILITARY/DOD SPOUSE	g. CONTRACT EMPLOYEE	j. OTHER (<i>Specify</i>)
d. DUAL DOD CIVILIANS		

Signature

Date